

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) HOI-27702/16		
Application Number	10/552,366	Filed October 3, 2005		
For METHOD OF AND APPARTUS FOR MONITORING OF MUSCLE ACTIVITY				
Art Unit	3736	Examiner B. S. Szmal		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$150	Small Entity Fee \$75	\$
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$560	\$280	\$ 205.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1270	\$635	\$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1980	\$990	\$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2690	\$1345	\$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>07-1180</u> .				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>45,639</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____				
<u>/Kevin S. MacKenzie/</u> Signature			<u>October 26, 2011</u> Date	
<u>Kevin S. MacKenzie</u> Typed or printed name			<u>(248) 647-6000</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
<input type="checkbox"/>	Total of _____ forms are submitted.			